

The application due date is March 9, 2015, 5:00pm Central time. Applicants will be notified on or about March 30, 2015.

[DOWNLOAD](#) the Commitment Signature Form and get it signed by the appropriate officials before you begin to apply and upload it at the end of this application below.

1) Applicant STEM Region (If unsure, please call 319-273-2959) *

2) Applicant First Name *

3) Applicant Last Name *

4) Applicant Organization/School *

5) Applicant Title in Organization/School * (e.g. Teacher, Administrator, Director, etc.)

6) Applicant Organization/School Address *

Applicant Organization/School Address 2

7) City *

8) County *

9) Zip Code *

10) Applicant Phone Number (with area code) *

11) Applicant Summer Phone Number (with area code) *

12) Applicant Summer E-mail *

13) Shipping Address for Scale-Up program materials and equipment (if different from above)

14) Applicant's Lead Administrator Name *

15) Applicant's Lead Administrator E-mail *

16) Applicant's Lead Administrator Phone Number *

17) Applicant's Institution Business Manager Name *

18) Applicant's Institution Business Manager Phone Number *

19) Applicant's Institution Business Manager's E-mail *

20) 2015-2016 Scale-Up program applying for [Note: PLTW Computer Science and Software Engineering (CSE) applicants must select the correct PLTW pathway (PLTW Engineering: CSE or PLTW Computer Science: CSE) that will be utilized for implementation]*

21) Were you awarded this program through Scale-Up in a previous year at your location? *

22) Select one: *

- ☒ I am an educator applying for a program that I will implement with my students.
- ☐ I am applying on behalf of an educator or a team of educators who will implement the Scale-Up program with their students.

If you're applying on behalf of an educator or a team of educators, please list those educators' names:



23) Who are your intended participants? *

24) Estimated total number of groups, classrooms, or sessions: *

25) Estimated number of youth who will participate: *



26) Grade level(s) of youth participating (select all that apply): *

- ☐ Pre-K
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ Freshman

- ☐ Sophomore
- ☐ Junior
- ☐ Senior

27) If applying for more than one Scale-Up program, please rank preference for this program (e.g, 1st of 3, 2nd of 2) *

28) After reading the 'What is required...' section of each program's one-pager, describe how you plan to fulfill the expectations. (200 words) *



29) What actions will be taken to continue the program beyond the Council's support? (The Scale-Up program of the Governor's STEM Advisory Council is intended to "seed" or start programs, not sustain) (600 words). *



30) The STEM Council established the priority to reach children of high need and/or under-representation (e.g., ethnic/racial minority, free or reduced lunch, ability challenged, etc.). Please describe the high need of your student population (200 words). *



31) Please upload your signed Commitment Letter (pdf, doc, docx only) *